

Montana Medicaid - Fee Schedule Speech Therapy

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-3 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee. Laboratory services paid at 60% of listed fee

By Report (BR): Equals 55% of billed charges

Anes Value: Number of anesthesia base value units

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

Fees The facility rate is paid to physicians/practitioners providing services in a hospital, emergency room, or ambulatory surgery center site of service. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00.

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the global period is per the CPT-4 code description

ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

Space: Global concept does not apply to this code

PA – Prior Authorization

Y: Prior authorization is required

Space - this indicator does not apply to this code

Indicators

Mult - Multiple surgery guidelines do apply

Bilat - Bilateral. The procedure can be done bilaterally

Assist - Assistant. An assistant is allowed for this procedure

Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure

Team - A team of surgeons is allowed for this procedure

Related - The procedure code listed is separately billable

Y - indicator is applicable to this code

Space - this indicator does not apply to this code

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Montana Medicaid - Fee Schedule **Speech Therapy**

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators				
					Office	Facility					Assist	CoSurg	Team	Related	
G0197		Evalofptforprescipspeechdevi	07/01/2001	RBRVS	\$102.04	\$67.89									
G0198		Patientadapation&trainforspe	07/01/2001	RBRVS	\$64.34	\$49.96									
G0199		Reevaluationofpatientusespec	07/01/2001	RBRVS	\$85.07	\$50.92									
G0200		Evalofpatientprescipofvoicep	07/01/2001	RBRVS	\$102.04	\$67.89									
G0201		Modifortraininginusevoicepro	07/01/2001	RBRVS	\$64.34	\$49.96									
92506		Speech/hearing evaluation	07/01/2001	RBRVS	\$66.05	\$41.22									
92507		Speech/hearing therapy	07/01/2001	RBRVS	\$50.37	\$25.17									
92508		Speech/hearing therapy	07/01/2001	RBRVS	\$24.99	\$10.04									
92510		Rehab for ear implant	07/01/2001	RBRVS	\$105.05	\$74.75									
92525		Oral function evaluation	07/01/2001	RBRVS	\$93.61	\$68.13									
92526		Oral function therapy	07/01/2001	RBRVS	\$54.91	\$25.85									
96105		Assessment of aphasia	07/01/2001	RBRVS	\$56.72	\$56.72									
97530		Therapeutic activities	07/01/2001	RBRVS	\$20.18	\$18.07									
97532		Cognitive skills development	07/01/2001	RBRVS	\$21.41	\$16.94									
97533		Sensory integration	07/01/2001	RBRVS	\$23.19	\$16.94									
97535		Self care mngment training	07/01/2001	RBRVS	\$18.11	\$14.36									
99311		Nursing fac care subseq	07/01/2001	RBRVS	\$26.94	\$26.94									
99312		Nursing fac care subseq	07/01/2001	RBRVS	\$37.65	\$37.65									